

2015-2017 Modifications to Medicaid EHR Incentive Program

On April 15, 2015, the Centers for Medicare and Medicaid Services issued a Notice of Proposed Rule Making (NPRM) to make adjustments to the current EHR Incentive Program for Years 2015-2017 and align requirements with changes proposed for Stage 3 Meaningful Use. Below is a summary of the major provisions of this proposed rule.

Notice of finalization of the rule change is expected in September

All EHR software must be 2014 Certified EHR technology

Key EP & EH Changes

- Changes in this proposed rule would apply to the Medicare and Medicaid EHR Incentive Programs
- Eliminate the distinction between core and menu objectives, and establish a common set of objectives and measures

Reporting Period:

- In 2015, change the EHR reporting period to any continuous 90-day period for all MU submissions
- In 2016, EPs that are demonstrating meaningful use *for the first time* may use an EHR reporting period of any continuous 90-day period between January 1, 2016 and December 31, 2016. However, *all returning participants* would use an EHR reporting period of a **full calendar year** from January 1, 2016 through December 31, 2016.
- In 2017, all EPs, EHs and CAHs would use an EHR reporting period of 1 full calendar year.

MU Objectives:

- Streamline the program by removing reporting requirements on measures which have become redundant, duplicative, or “topped out.”
- Align the objectives and measures used in 2015 through 2017 with those identified in the Stage 3 proposed rule.
- Change the threshold from the Stage 2 Objective for Patient Electronic Access measure 2 from “5 percent” to “equal to or greater than 1.”
- Change the threshold from the Stage 2 Objective Secure Electronic Messaging from being a percentage based measure, to yes-no measure stating the “functionality fully enabled.”
- Change all public health reporting objectives into one objective with measure options following the structure of the Stage 3 Public Health Reporting Objective.
- EPs will have more options to take exclusions, especially those that are starting Stage 1.

Clinical Quality Measures:

- For 2015 and for providers demonstrating meaningful use for the first time in 2016, providers may submit any continuous 90-day period of CQM data via attestation; or
- Electronically submit CQM data using the established methods for electronic reporting.
- For 2016 and subsequent years, providers beyond their first year of meaningful use must attest to 1 full calendar year of CQM data or they may electronically report their CQM data using the established methods for electronic reporting.

Key EP Changes

Reporting Period:

For 2015 only, allow all EPs (regardless of their prior participation in the program) to attest to an EHR reporting period of any continuous 90-day period within the calendar year.

Number of Objectives and Measures:

- 10 required objectives for EPs (9 required objectives + a new consolidated public health objective)
- Report 2 of 5 measures from the public health reporting objective or meet the criteria for exclusion

Required Objectives:

- CPOE
- Electronic prescribing
- Clinical Decision Support
- Patient Electronic Access (VDT)
- Protect Electronic Health Information
- Patient Specific Education
- Medication Reconciliation
- Summary of Care
- Public Health

Redundant, Duplicative or Topped Out Objectives and Measures:

- Record Demographics
- Record Vital Signs
- Record Smoking Status
- Clinical Summaries
- Structured Lab Results
- Patient List
- Patient Reminders
- Summary of Care Measure 1—Any Method
- Summary of Care Measure 3—Test
- Electronic Notes
- Imaging Results
- Family Health History

Patient Engagement: Remove the 5 percent threshold for Measure 2 from the EP Stage 2 Patient Electronic Access (VDT) objective. Instead require that at least 1 patient seen by the provider during the EHR reporting period views, downloads, or transmits his/her health information to a third party.

Public Health Reporting: Report on any combination of 2 of the 5 available options. EPs that attest to Stage 1 of meaningful use in 2015 would report on only 1 of the 5 available options.

Changes to Stage 1 for EPs: 3 current menu objectives would now be required:

- Stage 1 Menu: Perform Medication Reconciliation
- Stage 1 Menu: Patient Specific Educational Resources
- Stage 1 Menu: Public Health Reporting Objectives (multiple options)